

<b>TRANSMITTAL FORM</b>	Application Number	09/712,584
<i>(To be used for all correspondence after initial filing)</i>	Filing Date	November 14, 2000
	Inventor	D.A. Farias et al.
	Group Art Unit	3627
	Examiner Name	Gerald J. O'Connor
Total Number of Pages in this Submission: 55	Attorney Docket Number	SJO919990173US1

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits /Declarations <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; ___ references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Formal Drawings: ___ sheets <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition: _____ <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, and/or Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___ <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input checked="" type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Fee Address Indication Form <input checked="" type="checkbox"/> Other Enclosure(s) <b>Copy of Notification of Non-Compliant Appeal Brief; Response to Notification of Non-Compliant Appeal Brief</b>
--	--	---

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name:	David W. Victor, Registration No. 39,867
Signature:	/David Victor/
Date:	June 2, 2006
KONRAD RAYNES & VICTOR, LLP 315 South Beverly Drive, Suite 210 Beverly Hills, California 90212 (310) 556-7983	
<input checked="" type="checkbox"/> The Commissioner is authorized to charge any deficiency of fees, or credit any overpayment, to Deposit Account No. 09-0466	

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being transmitted through the USPTO EFS-Web system over the Internet on the date indicated below.		
Typed or Printed name:	David W. Victor	Customer No. <b>46917</b>
Signature:	/David Victor/	
Date:	June 2, 2006	